

Fill in this information to identify your case:

United States Bankruptcy Court for the:

Northern District of Illinois



Case number (if known):

Chapter you are filing under:

- ☒ Chapter 7  
☐ Chapter 11  
☐ Chapter 12  
☐ Chapter 13

**FILED**  
UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS

FEB 03 2016

JEFFREY P. ALLSTEADT, CLERK  
PS REP. - KM

☐ Check if this is an amended filing

Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Identify Yourself

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Simone

First name

Middle name

Robertson

Last name

Suffix (Sr., Jr., II, III)

N/A

First name

Middle name

Last name

Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

N/A

First name

Middle name

Last name

First name

Middle name

Last name

First name

Middle name

Last name

First name

Middle name

Last name

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

XXX - XX - 8 3 1 5

OR

9 XX - XX -

XXX - XX -

OR

9 XX - XX -

Debtor 1

Simone Robertson

First Name Middle Name Last Name

Case number (if known)

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

Include trade names and doing business as names

☒ I have not used any business names or EINs.

Business name

Business name

EIN

EIN

☐ I have not used any business names or EINs.

Business name

Business name

EIN

EIN

5. Where you live

If Debtor 2 lives at a different address:

18941 Baker Ave

Number Street

Country Club Hills

City

IL

State

60478

ZIP Code

Cook

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

same

Number Street

P.O. Box

City

State

ZIP Code

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number Street

P.O. Box

City

State

ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.  
(See 28 U.S.C. § 1408.)

Check one:

☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.  
(See 28 U.S.C. § 1408.)

Debtor 1

Simone Robertson

First Name Middle Name Last Name

Case number (if known)

**Part 2: Tell the Court About Your Bankruptcy Case**

**7. The chapter of the Bankruptcy Code you are choosing to file under**

Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

- ☒ Chapter 7  
☐ Chapter 11  
☐ Chapter 12  
☐ Chapter 13

**8. How you will pay the fee**

☐ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

☒ I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

☐ I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

**9. Have you filed for bankruptcy within the last 8 years?**

☒ No

☐ Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY  
District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY  
District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

**10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**

☒ No

☐ Yes. Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY  
Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY

**11. Do you rent your residence?**

☐ No. Go to line 12.

☒ Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?

☒ No. Go to line 12.

☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1

Simone Robertson

First Name Middle Name Last Name

Case number (if known)

**Part 3: Report About Any Businesses You Own as a Sole Proprietor**

**12. Are you a sole proprietor of any full- or part-time business?**

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

- ☒ No. Go to Part 4.  
☐ Yes. Name and location of business

Name of business, if any

Number Street

City

State

ZIP Code

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

For a definition of small business debtor, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

- ☒ No. I am not filing under Chapter 11.  
☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.  
☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**

**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

- ☒ No  
☐ Yes. What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number Street

City

State

ZIP Code

Debtor 1

Simone Robertson

First Name

Middle Name

Last Name

Case number (if known)

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**

**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

*You must check one:*

☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1

Simone Robertson

First Name Middle Name Last Name

Case number (if known)

**Part 6: Answer These Questions for Reporting Purposes**

16. What kind of debts do you have?

16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- ☐ No. Go to line 16b.  
☒ Yes. Go to line 17.

16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- ☐ No. Go to line 16c.  
☐ Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.

17. Are you filing under Chapter 7?

☐ No. I am not filing under Chapter 7. Go to line 18.

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

☒ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?

- ☒ No  
☐ Yes

18. How many creditors do you estimate that you owe?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 1-49             | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000  | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199          | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999          |  |  |

19. How much do you estimate your assets to be worth?

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000      | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000     | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million   | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |

20. How much do you estimate your liabilities to be?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000                   | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000             | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input checked="" type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million          | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |

**Part 7: Sign Below**

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

x Simone Robertson

Signature of Debtor 1

Executed on 02 23 2016  
MM / DD / YYYY

x N/A

Signature of Debtor 2

Executed on \_\_\_\_\_  
MM / DD / YYYY

Debtor 1

Simone Robertson

First Name Middle Name Last Name

Case number (if known)

**For you if you are filing this bankruptcy without an attorney**

**If you are represented by an attorney, you do not need to file this page.**

The law allows you, as an individual, to represent yourself in bankruptcy court, but **you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.**

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. **Bankruptcy fraud is a serious crime; you could be fined and imprisoned.**

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences?

- ☐ No  
☒ Yes

Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned?

- ☐ No  
☒ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms?

- ☒ No

☐ Yes. Name of Person

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case.

x Simone Robertson  
Signature of Debtor 1

Date 02/03/2016  
MM / DD / YYYY

Contact phone (708) 937-4195

Cell phone (708) 937-4195

Email address srobertson4@yahoo.com

x N/A

Signature of Debtor 2

Date  
MM / DD / YYYY

Contact phone


Cell phone

Email address

Fill in this information to identify your case:

Debtor 1 Simone Robertson  
First Name Middle Name Last Name

Debtor 2 N/A  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Illinois 

Case number \_\_\_\_\_  
(If known)

☐ Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

#### Part 1: Summarize Your Assets

##### Your assets

Value of what you own

1. *Schedule A/B: Property* (Official Form 106A/B)
  - 1a. Copy line 55, Total real estate, from *Schedule A/B* ..... \$ 0.00
  - 1b. Copy line 62, Total personal property, from *Schedule A/B* ..... \$ 7,652.00
  - 1c. Copy line 63, Total of all property on *Schedule A/B* ..... \$ 7,652.00

#### Part 2: Summarize Your Liabilities

##### Your liabilities

Amount you owe

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)
    - 2a. Copy the total you listed in Column A, *Amount of claim*, at the bottom of the last page of Part 1 of *Schedule D* ..... \$ 11,998.00
  3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)
    - 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of *Schedule E/F* ..... \$ 65,528.00
    - 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of *Schedule E/F* ..... + \$ 29,229.00
- Your total liabilities** \$ 106,755.00

#### Part 3: Summarize Your Income and Expenses

4. *Schedule I: Your Income* (Official Form 106I)
 

Copy your combined monthly income from line 12 of *Schedule I* ..... \$ 2,572.56
5. *Schedule J: Your Expenses* (Official Form 106J)
 

Copy your monthly expenses from line 22c of *Schedule J* ..... \$ 2,755.00



Debtor 1

Simone Robertson

First Name

Middle Name

Last Name

Case number (if known)

**Part 4: Answer These Questions for Administrative and Statistical Records**

**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes

**7. What kind of debt do you have?**

- ☒ **Your debts are primarily consumer debts.** Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 1,983.00

**9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

**Total claim**

From Part 4 on Schedule E/F, copy the following:

- 9a. Domestic support obligations (Copy line 6a.) \$ 0.00
- 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$ 65,528.00
- 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$ 0.00
- 9d. Student loans. (Copy line 6f.) \$ 0.00
- 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$ 0.00
- 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) + \$ 0.00


9g. **Total.** Add lines 9a through 9f.

\$ 65,528.00

Fill in this information to identify your case and this filing:

Debtor 1 Simone Robertson  
 First Name Middle Name Last Name

Debtor 2 N/A  
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Illinois 

Case number \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 106A/B

## Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☒ No. Go to Part 2.  
☐ Yes. Where is the property?

1.1. \_\_\_\_\_  
 Street address, if available, or other description

City State ZIP Code

County

What is the property? Check all that apply.

- ☐ Single-family home  
☐ Duplex or multi-unit building  
☐ Condominium or cooperative  
☐ Manufactured or mobile home  
☐ Land  
☐ Investment property  
☐ Timeshare  
☐ Other \_\_\_\_\_

Who has an interest in the property? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? \$ \_\_\_\_\_ Current value of the portion you own? \$ \_\_\_\_\_

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ Check if this is community property (see instructions)

If you own or have more than one, list here:

1.2. \_\_\_\_\_  
 Street address, if available, or other description

City State ZIP Code

County

What is the property? Check all that apply.

- ☐ Single-family home  
☐ Duplex or multi-unit building  
☐ Condominium or cooperative  
☐ Manufactured or mobile home  
☐ Land  
☐ Investment property  
☐ Timeshare  
☐ Other \_\_\_\_\_

Who has an interest in the property? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? \$ \_\_\_\_\_ Current value of the portion you own? \$ \_\_\_\_\_

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ Check if this is community property (see instructions)

1.3.

Street address, if available, or other description

City

State

ZIP Code

County

**What is the property?** Check all that apply.

- ☐ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other \_\_\_\_\_

**Who has an interest in the property?** Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.**Current value of the entire property?****Current value of the portion you own?**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. \_\_\_\_\_ →

\$ 0.00

**Part 2: Describe Your Vehicles**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
- ☒ Yes

3.1. Make: Toyota

Model: Sienna XLE

Year: 2005

Approximate mileage: 108804

Other information:

**Who has an interest in the property?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.**Current value of the entire property?****Current value of the portion you own?**

\$ 5,943.00

\$ 5,943.00

☐ Check if this is community property (see instructions)

If you own or have more than one, describe here:

3.2. Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Approximate mileage: \_\_\_\_\_

Other information:

**Who has an interest in the property?** Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.**Current value of the entire property?****Current value of the portion you own?**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

☐ Check if this is community property (see instructions)

3.3. Make: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Year: \_\_\_\_\_  
 Approximate mileage: \_\_\_\_\_  
 Other information: \_\_\_\_\_

Who has an interest in the property? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$ \_\_\_\_\_ Current value of the portion you own? \$ \_\_\_\_\_

3.4. Make: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Year: \_\_\_\_\_  
 Approximate mileage: \_\_\_\_\_  
 Other information: \_\_\_\_\_

Who has an interest in the property? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$ \_\_\_\_\_ Current value of the portion you own? \$ \_\_\_\_\_

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☐ No  
☐ Yes

4.1. Make: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Year: \_\_\_\_\_  
 Other information: \_\_\_\_\_

Who has an interest in the property? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$ \_\_\_\_\_ Current value of the portion you own? \$ \_\_\_\_\_

If you own or have more than one, list here:

4.2. Make: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Year: \_\_\_\_\_  
 Other information: \_\_\_\_\_

Who has an interest in the property? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$ \_\_\_\_\_ Current value of the portion you own? \$ \_\_\_\_\_

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here



|    |          |
|----|----------|
| \$ | 5,943.00 |
|----|----------|

Debtor 1

First Name Middle Name Last Name

Case number (if known)

**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**6. Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No

☒ Yes. Describe..... dinette/ Progressive twin beds, dressers/GAFCO microwave/lamps/dishes vacuum, food/ living room sectional lawn mower, iron, all items at used value \$ 650.00

**7. Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

☒ Yes. Describe..... tv's/ dvd player/ home desktop computer/ Aarons at used store value \$ 450.00

**8. Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☐ No

☒ Yes. Describe..... school books/ bible family pictures(no cash value) at used book store value \$ 110.00

**9. Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☐ No

☒ Yes. Describe..... board games valued at yard sale prices \$ 50.00

**10. Firearms**

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☒ No

☐ Yes. Describe..... \$

**11. Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe..... normal wearing apparel at used store prices \$ 297.00

**12. Jewelry**

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

☒ Yes. Describe..... watch at pawn shop value \$ 35.00

**13. Non-farm animals**

Examples: Dogs, cats, birds, horses

☒ No

☐ Yes. Describe..... \$

**14. Any other personal and household items you did not already list, including any health aids you did not list**

☒ No

☐ Yes. Give specific information. .... \$

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here**

\$ 1,592.00

**Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**16. Cash**

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No☒ Yes

Cash: \$ 75.00

**17. Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No☒ Yes

Institution name:

|                                |                                   |          |
|--------------------------------|-----------------------------------|----------|
| 17.1. Checking account:        | Chase Bank checking account #0345 | \$ 27.00 |
| 17.2. Checking account:        | US Bank checking account #4389    | \$ 15.00 |
| 17.3. Savings account:         |                                   | \$       |
| 17.4. Savings account:         |                                   | \$       |
| 17.5. Certificates of deposit: |                                   | \$       |
| 17.6. Other financial account: |                                   | \$       |
| 17.7. Other financial account: |                                   | \$       |
| 17.8. Other financial account: |                                   | \$       |
| 17.9. Other financial account: |                                   | \$       |

**18. Bonds, mutual funds, or publicly traded stocks**

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No☐ Yes

Institution or issuer name:

|  |    |
|--|----|
|  | \$ |
|  | \$ |
|  | \$ |

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**☒ No☐ Yes. Give specific information about them.

Name of entity:

% of ownership:

|  |    |   |    |
|--|----|---|----|
|  | 0% | % | \$ |
|  | 0% | % | \$ |
|  | 0% | % | \$ |

## 20. Government and corporate bonds and other negotiable and non-negotiable instruments

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.  
*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

☒ No

☐ Yes. Give specific information about them.....

Issuer name:

\_\_\_\_\_  
 \$ \_\_\_\_\_  
 \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \_\_\_\_\_  
 \$ \_\_\_\_\_

## 21. Retirement or pension accounts

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☒ No

☐ Yes. List each

account separately.

Type of account:

Institution name:

401(k) or similar plan: \_\_\_\_\_ \$ \_\_\_\_\_  
 Pension plan: \_\_\_\_\_ \$ \_\_\_\_\_  
 IRA: \_\_\_\_\_ \$ \_\_\_\_\_  
 Retirement account: \_\_\_\_\_ \$ \_\_\_\_\_  
 Keogh: \_\_\_\_\_ \$ \_\_\_\_\_  
 Additional account: \_\_\_\_\_ \$ \_\_\_\_\_  
 Additional account: \_\_\_\_\_ \$ \_\_\_\_\_

## 22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company  
*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No

☐ Yes .....

Institution name or individual:

Electric: \_\_\_\_\_ \$ \_\_\_\_\_  
 Gas: \_\_\_\_\_ \$ \_\_\_\_\_  
 Heating oil: \_\_\_\_\_ \$ \_\_\_\_\_  
 Security deposit on rental unit: \_\_\_\_\_ \$ \_\_\_\_\_  
 Prepaid rent: \_\_\_\_\_ \$ \_\_\_\_\_  
 Telephone: \_\_\_\_\_ \$ \_\_\_\_\_  
 Water: \_\_\_\_\_ \$ \_\_\_\_\_  
 Rented furniture: \_\_\_\_\_ \$ \_\_\_\_\_  
 Other: \_\_\_\_\_ \$ \_\_\_\_\_

## 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No

☐ Yes .....

Issuer name and description:

\_\_\_\_\_  
 \$ \_\_\_\_\_  
 \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \_\_\_\_\_  
 \$ \_\_\_\_\_

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**  
 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No

☐ Yes

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

\$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

☒ No

☐ Yes. Give specific information about them....

\$ \_\_\_\_\_

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No

☐ Yes. Give specific information about them....

\$ \_\_\_\_\_

**27. Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No

☐ Yes. Give specific information about them....

\$ \_\_\_\_\_

**Money or property owed to you?**

**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you**

☐ No

☒ Yes. Give specific information about them, including whether you already filed the returns and the tax years. ....

expected 2015 tax refund(EIC) unknown

Federal: \$ \_\_\_\_\_  
 State: \$ \_\_\_\_\_  
 Local: \$ \_\_\_\_\_

**29. Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No

☐ Yes. Give specific information.....

Alimony: \$ \_\_\_\_\_  
 Maintenance: \$ \_\_\_\_\_  
 Support: \$ \_\_\_\_\_  
 Divorce settlement: \$ \_\_\_\_\_  
 Property settlement: \$ \_\_\_\_\_

**30. Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☒ No

☐ Yes. Give specific information.....

\$ \_\_\_\_\_



**31. Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☒ No

☐ Yes. Name the insurance company of each policy and list its value. ...

Company name:

Beneficiary:

Surrender or refund value:

\$

\$

\$

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No

☐ Yes. Give specific information. ....

\$

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

☒ No

☐ Yes. Describe each claim. ....

\$

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**
☒ No

☐ Yes. Describe each claim. ....

\$

**35. Any financial assets you did not already list**
☒ No

☐ Yes. Give specific information. ....

\$

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here**

\$ 117.00

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?**
☒ No. Go to Part 6.

☐ Yes. Go to line 38.

**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**38. Accounts receivable or commissions you already earned**
☒ No

☐ Yes. Describe. ....

\$

**39. Office equipment, furnishings, and supplies**

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

☒ No

☐ Yes. Describe. ....

\$

**40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**☒ No☐ Yes. Describe.....

\$

**41. Inventory**☒ No☐ Yes. Describe.....

\$

**42. Interests in partnerships or joint ventures**☒ No☐ Yes. Describe.....

Name of entity:

% of ownership:

%

\$

%

\$

%

\$

**43. Customer lists, mailing lists, or other compilations**☒ No☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?☐ No☐ Yes. Describe.....

\$

**44. Any business-related property you did not already list**☒ No☐ Yes. Give specific information .....

\$

\$

\$

\$

\$

\$

**45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here .....**

\$

0.00

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
If you own or have an interest in farmland, list it in Part 1.**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**☒ No. Go to Part 7.☐ Yes. Go to line 47.**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**47. Farm animals**

Examples: Livestock, poultry, farm-raised fish

☒ No☐ Yes.....

\$

## 48. Crops—either growing or harvested

☒ No☐ Yes. Give specific information. ....

\$ \_\_\_\_\_

## 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

☒ No☐ Yes. ....

\$ \_\_\_\_\_

## 50. Farm and fishing supplies, chemicals, and feed

☒ No☐ Yes. ....

\$ \_\_\_\_\_

## 51. Any farm- and commercial fishing-related property you did not already list

☒ No☐ Yes. Give specific information. ....

\$ \_\_\_\_\_

## 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here →

\$ 0.00

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

## 53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

☒ No☐ Yes. Give specific information. ....

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

## 54. Add the dollar value of all of your entries from Part 7. Write that number here →

\$ 0.00

**Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2 →

\$ 0.00

56. Part 2: Total vehicles, line 5

\$ 5,943.00

57. Part 3: Total personal and household items, line 15

\$ 1,592.00

58. Part 4: Total financial assets, line 36

\$ 117.00

59. Part 5: Total business-related property, line 45

\$ 0.00

60. Part 6: Total farm- and fishing-related property, line 52

\$ 0.00

61. Part 7: Total other property not listed, line 54

+ \$ 0.00

62. Total personal property. Add lines 56 through 61. ....

\$ 7,652.00

Copy personal property total → + \$ 7,652.00

63. Total of all property on Schedule A/B. Add line 55 + line 62. ....

\$ 7,652.00

Fill in this information to identify your case:

Debtor 1 Simone Robertson  
 First Name Middle Name Last Name

Debtor 2 N/A  
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the Northern District of Illinois

Case number \_\_\_\_\_  
 (if known)

☐ Check if this is an amended filing

## Official Form 106C

**Schedule C: The Property You Claim as Exempt**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1: Identify the Property You Claim as Exempt**

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

| Brief description of the property and line on <i>Schedule A/B</i> that lists this property | Current value of the portion you own<br>Copy the value from <i>Schedule A/B</i> | Amount of the exemption you claim<br>Check only one box for each exemption.  | Specific laws that allow exemption |
|--|---|--|------------------------------------|
| Brief description: <u>2005 Toyota Sienna</u><br>Line from <i>Schedule A/B</i> : <u>3.1</u> | <u>\$5,943.00</u>   | <input checked="" type="checkbox"/> \$ <u>2,400.00</u><br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>735-5/12-1001(b)</u>            |
| Brief description: <u>household goods</u><br>Line from <i>Schedule A/B</i> : <u>6</u>      | <u>\$650.00</u>   | <input type="checkbox"/> \$ <u>650.00</u><br><input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit   | <u>735-5/12-1001(b)</u>            |
| Brief description: <u>electronics</u><br>Line from <i>Schedule A/B</i> : <u>7</u>          | <u>\$450.00</u>   | <input type="checkbox"/> \$ <u>450.00</u><br><input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit   | <u>735-5/12-1001(b)</u>            |

3. Are you claiming a homestead exemption of more than \$155,675?

(Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No  
☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  
☐ No  
☐ Yes

**Part 2: Additional Page**

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own<br>Copy the value from Schedule A/B | Amount of the exemption you claim<br>Check only one box for each exemption   | Specific laws that allow exemption |
|---|--|--|------------------------------------|
| Brief description: <u>school books/bible</u><br>Line from Schedule A/B: <u>8</u>    | \$ <u>110.00</u>   | <input type="checkbox"/> \$ <u>100.00</u><br><input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735-5/12-1001(b)                   |
| Brief description: <u>hobby/board games</u><br>Line from Schedule A/B: <u>9</u>     | \$ <u>50.00</u>  | <input type="checkbox"/> \$ <u>50.00</u><br><input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit  | 735-5/12-1001(b)                   |
| Brief description: <u>clothes</u><br>Line from Schedule A/B: <u>11</u>              | \$ <u>297.00</u>   | <input type="checkbox"/> \$ <u>297.00</u><br><input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735-5/12-1001(a)                   |
| Brief description: <u>jewelry/watch</u><br>Line from Schedule A/B: <u>12</u>        | \$ <u>35.00</u>  | <input type="checkbox"/> \$ <u>35.00</u><br><input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit  | 735-5/12-1001(b)                   |
| Brief description: <u>cash in wallet</u><br>Line from Schedule A/B: <u>16</u>       | \$ <u>75.00</u>  | <input type="checkbox"/> \$ <u>75.00</u><br><input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit  | 735-5/12-1001(b)                   |
| Brief description: <u>Chase Bank</u><br>Line from Schedule A/B: <u>17</u>           | \$ <u>27.00</u>  | <input type="checkbox"/> \$ <u>27.00</u><br><input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit  | 735-5/12-1001(b)                   |
| Brief description: <u>US Bank</u><br>Line from Schedule A/B: <u>17</u>              | \$ <u>15.00</u>  | <input type="checkbox"/> \$ <u>15.00</u><br><input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit  | 735-5/12-1001(b)                   |
| Brief description: <u>expected 2015 tax</u><br>Line from Schedule A/B: <u>28</u>    | \$ _____   | <input type="checkbox"/> \$ _____<br><input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit         | 735-5/12-1001(g)(1)                |
| Brief description: _____<br>Line from Schedule A/B: _____                           | \$ _____   | <input type="checkbox"/> \$ _____<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit                    | _____                              |
| Brief description: _____<br>Line from Schedule A/B: _____                           | \$ _____   | <input type="checkbox"/> \$ _____<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit                    | _____                              |
| Brief description: _____<br>Line from Schedule A/B: _____                           | \$ _____   | <input type="checkbox"/> \$ _____<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit                    | _____                              |
| Brief description: _____<br>Line from Schedule A/B: _____                           | \$ _____   | <input type="checkbox"/> \$ _____<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit                    | _____                              |

Fill in this information to identify your case:

|                     |                  |             |           |
|---------------------|------------------|-------------|-----------|
| Debtor 1            | Simone Robertson |             |           |
|                     | First Name       | Middle Name | Last Name |
| Debtor 2            | N/A              |             |           |
| (Spouse, if filing) | First Name       | Middle Name | Last Name |

United States Bankruptcy Court for the: Northern District of Illinois

Case number (if known)

☐ Check if this is an amended filing

## Official Form 106D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

#### Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

| Column A<br>Amount of claim<br>Do not deduct the<br>value of collateral. | Column B<br>Value of collateral<br>that supports this<br>claim | Column C<br>Unsecured<br>portion<br>if any |
|--|--|--|
| \$ 11,998.00   | \$ 5,943.00  | \$ 6,055.00                                |

2.1 Santander Consumer USA  
Creditor's Name  
8585 N Stemmons Fwy Ste 1000  
Number Street

Describe the property that secures the claim:

2005 Toyota Sienna XLE

Dallas TX 75247  
City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
☐ Other (including a right to offset)

Who owes the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred

Last 4 digits of account number

2.2  
Creditor's Name  
Number Street

Describe the property that secures the claim:

\$ \$ \$

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
☐ Other (including a right to offset)

Who owes the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred

Last 4 digits of account number


Add the dollar value of your entries in Column A on this page. Write that number here:

\$ 11,998.00

Fill in this information to identify your case:

Debtor 1 Simone Robertson  
First Name Middle Name Last Name

Debtor 2 N/A  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Illinois 

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 106E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.  
☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

|   | Total claim   | Priority amount           | Nonpriority amount    |
|---|---|---------------------------|-----------------------|
| <p>2.1 Navient</p> <p>Priority Creditor's Name <u>P O Box 9500</u></p> <p>Number _____ Street _____</p> <p>City <u>Wilkes Barre</u> State <u>PA</u> ZIP Code <u>18773</u></p> <p>Who incurred the debt? Check one.<br/> <input checked="" type="checkbox"/> Debtor 1 only<br/> <input type="checkbox"/> Debtor 2 only<br/> <input type="checkbox"/> Debtor 1 and Debtor 2 only<br/> <input type="checkbox"/> At least one of the debtors and another<br/> <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?<br/> <input checked="" type="checkbox"/> No<br/> <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number <u>0 0 1 2</u> \$ <u>2,962.00</u></p> <p>When was the debt incurred? <u>01/19/2007</u></p> | <p>\$ <u>2,962.00</u></p> | <p>\$ <u>0.00</u></p> |

As of the date you file, the claim is: Check all that apply  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of PRIORITY unsecured claim:  
☐ Domestic support obligations  
☒ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify \_\_\_\_\_

|   |   |                           |                       |
|---|---|---------------------------|-----------------------|
| <p>2.2 Navient</p> <p>Priority Creditor's Name <u>P O Box 9500</u></p> <p>Number _____ Street _____</p> <p>City <u>Wilkes Barre</u> State <u>PA</u> ZIP Code <u>18773</u></p> <p>Who incurred the debt? Check one.<br/> <input checked="" type="checkbox"/> Debtor 1 only<br/> <input type="checkbox"/> Debtor 2 only<br/> <input type="checkbox"/> Debtor 1 and Debtor 2 only<br/> <input type="checkbox"/> At least one of the debtors and another<br/> <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?<br/> <input checked="" type="checkbox"/> No<br/> <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number <u>0 0 2 2</u> \$ <u>7,100.00</u></p> <p>When was the debt incurred? <u>01/19/2007</u></p> | <p>\$ <u>7,100.00</u></p> | <p>\$ <u>0.00</u></p> |
|---|---|---------------------------|-----------------------|

As of the date you file, the claim is: Check all that apply  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of PRIORITY unsecured claim:  
☐ Domestic support obligations  
☒ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify \_\_\_\_\_

**Part 1: Your PRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

| Total claim | Priority amount | Nonpriority amount |
|-------------|-----------------|--------------------|
|-------------|-----------------|--------------------|

**3** Navient

Priority Creditor's Name  
P O Box 9500

Number Street

Wilkes Barre PA 18773  
City State ZIP Code

Who incurred the debt? Check one.  
☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?  
☒ No  
☐ Yes

Last 4 digits of account number 0 0 3 2 \$ 716.00 \$ 716.00 \$ 0.00

When was the debt incurred? 07/05/2007

As of the date you file, the claim is: Check all that apply.  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of PRIORITY unsecured claim:  
☐ Domestic support obligations  
☒ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify \_\_\_\_\_

**4** Dept of Ed/ Navient

Priority Creditor's Name  
P O Box 9635

Number Street

Wilkes Barre PA 18773  
City State ZIP Code

Who incurred the debt? Check one.  
☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?  
☒ No  
☐ Yes

Last 4 digits of account number 0 0 1 2 \$ 1,249.00 \$ 1,249.00 \$ 0.00

When was the debt incurred? 05/13/2008

As of the date you file, the claim is: Check all that apply.  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of PRIORITY unsecured claim:  
☐ Domestic support obligations  
☒ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify \_\_\_\_\_

**5** Dept of Ed/ Navient

Priority Creditor's Name  
P O Box 9635

Number Street

Wilkes Barre PA 18773  
City State ZIP Code

Who incurred the debt? Check one.  
☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?  
☒ No  
☐ Yes

Last 4 digits of account number 0 0 2 2 \$ 2,192.00 \$ 2,192.00 \$ 0.00

When was the debt incurred? 05/13/2008

As of the date you file, the claim is: Check all that apply.  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of PRIORITY unsecured claim:  
☐ Domestic support obligations  
☒ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify \_\_\_\_\_



**Part 1: Your PRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

| Total claim | Priority amount | Nonpriority amount |
|-------------|-----------------|--------------------|
|-------------|-----------------|--------------------|

**7** Dept of Ed/ Navient  
 Priority Creditor's Name  
 P O Box 9635  
 Number Street  
 Wilkes Barre PA 18773  
 City State ZIP Code

Last 4 digits of account number 0 0 3 2 \$ 1,045.00 \$ 1,045.00 \$ 0.00

When was the debt incurred? 12/11/2008

As of the date you file, the claim is: Check all that apply.

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of PRIORITY unsecured claim:  
☐ Domestic support obligations  
☒ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify \_\_\_\_\_

Who incurred the debt? Check one.  
☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?  
☒ No  
☐ Yes

**8** Dept of Ed/ Navient  
 Priority Creditor's Name  
 P O Box 9635  
 Number Street  
 Wilkes Barre PA 18773  
 City State ZIP Code

Last 4 digits of account number 0 0 4 2 \$ 420.00 \$ 420.00 \$ 0.00

When was the debt incurred? 01/30/2009

As of the date you file, the claim is: Check all that apply.

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of PRIORITY unsecured claim:  
☐ Domestic support obligations  
☒ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify \_\_\_\_\_

Who incurred the debt? Check one.  
☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?  
☒ No  
☐ Yes

**9** Dept of Ed/ Navient  
 Priority Creditor's Name  
 P O Box 9635  
 Number Street  
 Wilkes Barre PA 18773  
 City State ZIP Code

Last 4 digits of account number 0 0 5 2 \$ 2,058.00 \$ 2,058.00 \$ 0.00

When was the debt incurred? 04/17/2009

As of the date you file, the claim is: Check all that apply.

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of PRIORITY unsecured claim:  
☐ Domestic support obligations  
☒ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify \_\_\_\_\_

Who incurred the debt? Check one.  
☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?  
☒ No  
☐ Yes

**Part 1: Your PRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

| Total claim | Priority amount | Nonpriority amount |
|-------------|-----------------|--------------------|
|-------------|-----------------|--------------------|

10 Dept of Ed/ Navient  
Priority Creditor's Name  
P O Box 9635  
Number Street  
Last 4 digits of account number 0 0 6 2 \$ 6,109.00 \$6,109.00 \$ 0.00

When was the debt incurred? 04/17/2009

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of PRIORITY unsecured claim:**

- ☐ Domestic support obligations  
☒ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify \_\_\_\_\_

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Dept of Ed/ Navient

Priority Creditor's Name  
P O Box 9635  
Number Street

Last 4 digits of account number 0 0 7 2 \$ 3,583.00 \$3,583.00 \$ 0.00

When was the debt incurred? 05/26/2011

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of PRIORITY unsecured claim:**

- ☐ Domestic support obligations  
☒ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify \_\_\_\_\_

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Dept of Ed/ Navient

Priority Creditor's Name  
P O Box 9635  
Number Street

Last 4 digits of account number 0 0 8 2 \$ 3,563.00 \$3,563.00 \$ 0.00

When was the debt incurred? 08/19/2011

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of PRIORITY unsecured claim:**

- ☐ Domestic support obligations  
☒ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify \_\_\_\_\_

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. Total claim Priority amount Nonpriority amount

13 Dept of Ed/ Navient  
Priority Creditor's Name  
P O Box 9635  
Number Street  
Wilkes Barre PA 18773  
City State ZIP Code  
Who incurred the debt? Check one.  
☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt  
Is the claim subject to offset?  
☒ No  
☐ Yes  
Last 4 digits of account number 0 0 9 2 \$ 7,762.00 \$7,762.00 \$ 0.00  
When was the debt incurred? 08/19/2011  
As of the date you file, the claim is: Check all that apply.  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of PRIORITY unsecured claim:  
☐ Domestic support obligations  
☒ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify

Dept of Ed/ Navient  
Priority Creditor's Name  
P O Box 9635  
Number Street  
Wilkes Barre PA 18773  
City State ZIP Code  
Who incurred the debt? Check one.  
☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt  
Is the claim subject to offset?  
☒ No  
☐ Yes  
Last 4 digits of account number 0 1 0 2 \$ 4,658.00 \$4,658.00 \$ 0.00  
When was the debt incurred? 08/17/2012  
As of the date you file, the claim is: Check all that apply.  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of PRIORITY unsecured claim:  
☐ Domestic support obligations  
☒ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify

Dept of Ed/ Navient  
Priority Creditor's Name  
P O Box 9635  
Number Street  
Wilkes Barre PA 18773  
City State ZIP Code  
Who incurred the debt? Check one.  
☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt  
Is the claim subject to offset?  
☒ No  
☐ Yes  
Last 4 digits of account number 0 1 1 2 \$ 7,341.00 \$7,341.00 \$ 0.00  
When was the debt incurred? 08/17/2012  
As of the date you file, the claim is: Check all that apply.  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of PRIORITY unsecured claim:  
☐ Domestic support obligations  
☒ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify

**Part 1: Your PRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

| Total claim | Priority amount | Nonpriority amount |
|-------------|-----------------|--------------------|
|-------------|-----------------|--------------------|

|   |   |   |                 |                 |             |                 |    |             |
|---|---|---|-----------------|-----------------|-------------|-----------------|----|-------------|
| <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center; margin-bottom: 5px;">16</div> <div>Dept of Ed/ Navient</div> <div>Priority Creditor's Name</div> <div>P O Box 9635</div> <div>Number Street</div> <div>Wilkes Barre PA 18773</div> <div>City State ZIP Code</div> | <div>Last 4 digits of account number <u>0 1 2 2</u></div> <div>When was the debt incurred? <u>08/16/2013</u></div> <div>As of the date you file, the claim is: Check all that apply.</div> <div> <input type="checkbox"/> Contingent<br/> <input type="checkbox"/> Unliquidated<br/> <input type="checkbox"/> Disputed         </div> <div>Type of PRIORITY unsecured claim:</div> <div> <input type="checkbox"/> Domestic support obligations<br/> <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government<br/> <input type="checkbox"/> Claims for death or personal injury while you were intoxicated<br/> <input type="checkbox"/> Other. Specify _____         </div> <div>Who incurred the debt? Check one.</div> <div> <input checked="" type="checkbox"/> Debtor 1 only<br/> <input type="checkbox"/> Debtor 2 only<br/> <input type="checkbox"/> Debtor 1 and Debtor 2 only<br/> <input type="checkbox"/> At least one of the debtors and another<br/> <input type="checkbox"/> Check if this claim is for a community debt         </div> <div>Is the claim subject to offset?</div> <div> <input checked="" type="checkbox"/> No<br/> <input type="checkbox"/> Yes         </div> | <table border="0"> <tr> <td>\$</td> <td><u>4,680.00</u></td> <td>\$</td> <td><u>4,680.00</u></td> <td>\$</td> <td><u>0.00</u></td> </tr> </table> | \$              | <u>4,680.00</u> | \$          | <u>4,680.00</u> | \$ | <u>0.00</u> |
| \$  | <u>4,680.00</u>   | \$  | <u>4,680.00</u> | \$              | <u>0.00</u> |                 |    |             |

|   |   |   |                 |                 |             |                 |    |             |
|---|---|---|-----------------|-----------------|-------------|-----------------|----|-------------|
| <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center; margin-bottom: 5px;"></div> <div>Dept of Ed/ Navient</div> <div>Priority Creditor's Name</div> <div>P O Box 9635</div> <div>Number Street</div> <div>Wilkes Barre PA 18773</div> <div>City State ZIP Code</div> | <div>Last 4 digits of account number <u>0 1 3 2</u></div> <div>When was the debt incurred? <u>08/16/2013</u></div> <div>As of the date you file, the claim is: Check all that apply.</div> <div> <input type="checkbox"/> Contingent<br/> <input type="checkbox"/> Unliquidated<br/> <input type="checkbox"/> Disputed         </div> <div>Type of PRIORITY unsecured claim:</div> <div> <input type="checkbox"/> Domestic support obligations<br/> <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government<br/> <input type="checkbox"/> Claims for death or personal injury while you were intoxicated<br/> <input type="checkbox"/> Other. Specify _____         </div> <div>Who incurred the debt? Check one.</div> <div> <input checked="" type="checkbox"/> Debtor 1 only<br/> <input type="checkbox"/> Debtor 2 only<br/> <input type="checkbox"/> Debtor 1 and Debtor 2 only<br/> <input type="checkbox"/> At least one of the debtors and another<br/> <input type="checkbox"/> Check if this claim is for a community debt         </div> <div>Is the claim subject to offset?</div> <div> <input checked="" type="checkbox"/> No<br/> <input type="checkbox"/> Yes         </div> | <table border="0"> <tr> <td>\$</td> <td><u>6,513.00</u></td> <td>\$</td> <td><u>6,513.00</u></td> <td>\$</td> <td><u>0.00</u></td> </tr> </table> | \$              | <u>6,513.00</u> | \$          | <u>6,513.00</u> | \$ | <u>0.00</u> |
| \$  | <u>6,513.00</u>   | \$  | <u>6,513.00</u> | \$              | <u>0.00</u> |                 |    |             |

|   |   |   |               |               |             |               |    |             |
|---|---|---|---------------|---------------|-------------|---------------|----|-------------|
| <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center; margin-bottom: 5px;"></div> <div>Dept of Ed/ Navient</div> <div>Priority Creditor's Name</div> <div>P O Box 9635</div> <div>Number Street</div> <div>Wilkes Barre PA 18773</div> <div>City State ZIP Code</div> | <div>Last 4 digits of account number <u>0 1 4 2</u></div> <div>When was the debt incurred? <u>09/02/2014</u></div> <div>As of the date you file, the claim is: Check all that apply.</div> <div> <input type="checkbox"/> Contingent<br/> <input type="checkbox"/> Unliquidated<br/> <input type="checkbox"/> Disputed         </div> <div>Type of PRIORITY unsecured claim:</div> <div> <input type="checkbox"/> Domestic support obligations<br/> <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government<br/> <input type="checkbox"/> Claims for death or personal injury while you were intoxicated<br/> <input type="checkbox"/> Other. Specify _____         </div> <div>Who incurred the debt? Check one.</div> <div> <input checked="" type="checkbox"/> Debtor 1 only<br/> <input type="checkbox"/> Debtor 2 only<br/> <input type="checkbox"/> Debtor 1 and Debtor 2 only<br/> <input type="checkbox"/> At least one of the debtors and another<br/> <input type="checkbox"/> Check if this claim is for a community debt         </div> <div>Is the claim subject to offset?</div> <div> <input checked="" type="checkbox"/> No<br/> <input type="checkbox"/> Yes         </div> | <table border="0"> <tr> <td>\$</td> <td><u>123.00</u></td> <td>\$</td> <td><u>123.00</u></td> <td>\$</td> <td><u>0.00</u></td> </tr> </table> | \$            | <u>123.00</u> | \$          | <u>123.00</u> | \$ | <u>0.00</u> |
| \$  | <u>123.00</u>   | \$  | <u>123.00</u> | \$            | <u>0.00</u> |               |    |             |

Part 1: Your PRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

| Total claim | Priority amount | Nonpriority amount |
|-------------|-----------------|--------------------|
|-------------|-----------------|--------------------|

19 Dept of Ed/ Navient  
Priority Creditor's Name  
P O Box 9635  
Number Street  
Last 4 digits of account number 0 1 5 2 \$ 3,454.00 \$3,454.00 \$ 0.00

When was the debt incurred? 09/02/2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations  
☒ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify \_\_\_\_\_

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Priority Creditor's Name

Last 4 digits of account number \$ \$ \$

Number Street

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations  
☐ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify \_\_\_\_\_

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No  
☐ Yes

Priority Creditor's Name

Last 4 digits of account number \$ \$ \$

Number Street

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations  
☐ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify \_\_\_\_\_

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No  
☐ Yes

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.**4.1 American Access Casualty Comp**

Nonpriority Creditor's Name

1 S 450 Summit Ave Ste 230

Number Street

Oakbrook Terrace

IL

60181

City

State

ZIP Code

Last 4 digits of account number 1 4 9 6When was the debt incurred? 07/19/2013

Total claim

\$ 812.00

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify credit use

**4.2 AT&T U-Verse**

Nonpriority Creditor's Name

208 South Akard St

Number Street

Dallas

TX

75218

City

State

ZIP Code

Last 4 digits of account number 7 5 6 0When was the debt incurred? 04/07/2014\$ 334.00

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify credit use

**4.3 Avon**

Nonpriority Creditor's Name

777 Third Avenue

Number Street

New York City

NY

10017

City

State

ZIP Code

Last 4 digits of account number 8 3 1 5

When was the debt incurred? \_\_\_\_\_

\$ 250.00

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify credit use

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4

**Briggs Ophthalmology & Assoc**

Nonpriority Creditor's Name

24 Joliet St Ste 201

Number Street

Dyer

IN

46311

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 5 9 8 9\$ 102.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify medical

5

**Charter Fitness**

Nonpriority Creditor's Name

6055 N Broadway

Number Street

Merrillville

IN

46410

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 4 7 9 9\$ 100.00When was the debt incurred? 02/03/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify credit use

6

**Chase Bank**

Nonpriority Creditor's Name

270 Park Avenue

Number Street

New York

NY

10017

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 0 3 4 5\$ 500.00When was the debt incurred? 02/01/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify credit use

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

7

City of Chicago/ Dept of Revenue

Nonpriority Creditor's Name

121 N LaSalle St

Number Street

Chicago

IL

60602

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 6 3 5 0\$ 122.00When was the debt incurred? 05/02/2013

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify ticket

8

ChexSystem

Nonpriority Creditor's Name

7805 Hudson Rd Ste 100

Number Street

Woodbury

MN

55125

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 8 3 1 5\$ 0.00When was the debt incurred? 02/03/2016

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify notice only

9

Comcast Cable

Nonpriority Creditor's Name

P O Box 3002

Number Street

Southeastern

PA

19398

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 8 3 1 5\$ 324.00When was the debt incurred? 10/13/2015

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify credit use



**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim****10****Comcast Cable**

Nonpriority Creditor's Name

P O Box 3002

Number Street

Southeastern

PA

19398

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 8 3 1 5\$ 459.00When was the debt incurred? 11/27/2012

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify credit use

**11****Comcast Cable**

Nonpriority Creditor's Name

16650 S Oak Park Ave

Number Street

Tinley Park

IL

60477

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 9 5 2 2\$ 1,114.00When was the debt incurred? 11/27/2012

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify credit use

**12****Community Healthcare System**

Nonpriority Creditor's Name

P O Box 3604

Number Street

Munster

IN

46321

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 9 4 1 2\$ 60.00When was the debt incurred? 02/10/2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify medical

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

13

**EMP of Cook County**

Nonpriority Creditor's Name

100 South Owasso Blvd West

Number Street

St Paul

MN

55117

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 6 3 8 5\$ 435.00When was the debt incurred? 07/04/2015

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify medical

14

**Enterprise Rent-A-Car Violations**

Nonpriority Creditor's Name

P O Box 99

Number Street

Lombard

IL

60148

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 1 4 9 8\$ 18.00When was the debt incurred? 02/19/2013

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify credit use

15

**Equifax**

Nonpriority Creditor's Name

P O Box 740241

Number Street

Atlanta

GA

30374

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 8 3 1 5\$ 0.00When was the debt incurred? 02/03/2016

As of the date you file, the claim is: Check all that apply.

☒ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify notice only

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

16

**Experian**

Nonpriority Creditor's Name

P O Box 2002

Number Street

Allen

TX

75013

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 8 3 1 5\$ 0.00When was the debt incurred? 02/03/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify notice only

17

**Family Medicine & Wellness**

Nonpriority Creditor's Name

5495 Broadway

Number Street

Merrillville

IN

46410

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 9 6 5 6\$ 85.00When was the debt incurred? 11/19/2013

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify medical

18

**1st Loans**

Nonpriority Creditor's Name

1205 E Sibley Blvd

Number Street

Dolton

IL

60419

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 1 2 2 4\$ 675.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify credit use

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

19

Franciscan Alliance

Nonpriority Creditor's Name

28044 Network Place

Number Street

Chicago

IL

60673

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 9 7 1 3\$ 89.00When was the debt incurred? 07/27/2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify medical

20

Franciscan Alliance

Nonpriority Creditor's Name

28044 Network Place

Number Street

Chicago

IL

60673

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 4 5 7 8\$ 400.00When was the debt incurred? 07/04/2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify medical

21

Gary Methodist Hospital

Nonpriority Creditor's Name

600 Grant St

Number Street

Gary

IN

46402

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 8 3 1 5\$ 891.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify medical

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim****22****Ginny's**

Nonpriority Creditor's Name

1112 7th Avenue

Number Street

Monroe

WI

53566

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 8 3 1 5\$ 303.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify credit use

**23****Great American Financial Company**

Nonpriority Creditor's Name

20 N Wacker Dr Ste 2275

Number Street

Chicago

IL

60606

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 1 5 8 5\$ 1,534.00When was the debt incurred? 06/02/2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify \_\_\_\_\_

**24****IL Tollway**

Nonpriority Creditor's Name

2700 Ogden Ave

Number Street

Downers Grove

IL

60515

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 8 3 1 5\$ 0.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify notice only

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

25

**Methodist Hospitals**

Nonpriority Creditor's Name

P O Box 660346

Number

Street

Indianapolis

IN

46266

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 9 8 0 6\$ 67.00When was the debt incurred? 08/17/2011

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify medical

26

**Methodist Hospitals**

Nonpriority Creditor's Name

6121 Cleveland

Number

Street

Merrillville

IN

46410

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 9 8 0 6\$ 27.00When was the debt incurred? 04/11/2012

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify medical

27

**MetroStyle**

Nonpriority Creditor's Name

500 Bic Drive Bldg 4

Number

Street

Milford

CT

06461

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 8 3 1 5\$ 400.00When was the debt incurred? 01/10/2008

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify credit use

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

28

**Munster Radiology Group**

Nonpriority Creditor's Name

P O Box 3248

Number Street

Indianapolis

IN

46206

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 1 8 2 0\$ 15.00When was the debt incurred? 09/15/2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify medical

29

**Nicor Gas**

Nonpriority Creditor's Name

P O Box 190

Number Street

Aurora

IL

60507

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 2 9 9 1\$ 67.00When was the debt incurred? 02/03/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify credit use

30

**Nipsco**

Nonpriority Creditor's Name

P O Box 13018

Number Street

Merrillville

IN

46411

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 0 0 8 3\$ 804.00When was the debt incurred? 01/10/2008

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify credit use

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

31

**Nipsco**

Nonpriority Creditor's Name

P O Box 13018

Number

Street

Merrillville

IN

46411

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 0 0 7 6\$ 949.00When was the debt incurred? 09/15/2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify credit use

32

**Nipsco**

Nonpriority Creditor's Name

P O Box 13018

Number

Street

Merrillville

IN

46411

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 0 0 1 9\$ 1,539.00When was the debt incurred? 09/09/2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify credit use

33

**Northwest Emergency Assoc.**

Nonpriority Creditor's Name

P O Box 366

Number

Street

Hinsdale

IL

60522

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 3 5 4 9\$ 518.00When was the debt incurred? 03/08/2011

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify medical



**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

34

**PA Turnpike Commission E-Zpass Violations**

Nonpriority Creditor's Name

8000 C Derry St

Number Street

Harrisburg

PA

17111

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 6 3 9 5\$ 78.00When was the debt incurred? 05/12/2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify credit use

35

**QC Financial Services/ National Quik Cash**

Nonpriority Creditor's Name

1451 Sibley Blvd

Number Street

Calumet City

IL

60409

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 9 8 0 5\$ 1,536.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify credit use

36

**Sprint**

Nonpriority Creditor's Name

P O Box 8077

Number Street

London

KY

40742

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number 8 3 1 5\$ 2,000.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify credit use

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim****37****St Catherine's Hospital**

Nonpriority Creditor's Name

**9660 Wicker Ave**

Number Street

**St John****IN****46373**

City

State

ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt****Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number 8 2 6 7\$ 230.00When was the debt incurred? 03/23/2011**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify medical

**38****St Catherine's Hospital**

Nonpriority Creditor's Name

**9660 Wicker Ave**

Number Street

**St John****IN****46373**

City

State

ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt****Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number 0 1 4 9\$ 160.00When was the debt incurred? 03/23/2011**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify medical

**39****Synchrony Bank/ Victoria Secrets**

Nonpriority Creditor's Name

**P O Box 965037**

Number Street

**Orlando****FL****32896**

City

State

ZIP Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt****Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number 8 3 1 5\$ 300.00

When was the debt incurred? \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify credit use

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim****40****The Roomplace/ GAFCO**

Nonpriority Creditor's Name

**1000 N Rohlwing Rd Ste 46**

Number Street

**Lombard****IL****60148**

City

State

ZIP Code

**Who incurred the debt?** Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number 0 1 9 0\$ 0.00When was the debt incurred? 06/02/2015**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify notice only**41****T-Mobile**

Nonpriority Creditor's Name

**12920 SE 38th St**

Number Street

**Bellevue****WA****98006**

City

State

ZIP Code

**Who incurred the debt?** Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number 6 9 5 5\$ 1,206.00

When was the debt incurred? \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify credit use**42****T-Mobile**

Nonpriority Creditor's Name

**P O Box 742596**

Number Street

**Cincinnati****OH****45274**

City

State

ZIP Code

**Who incurred the debt?** Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number 4 4 8 1\$ 183.00When was the debt incurred? 05/12/2013**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify credit use

Debtor 1

First Name Middle Name Last Name

Case number (if known)

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

43

Village of Midlothian

Nonpriority Creditor's Name

14801 Pulaski Rd

Number Street

Midlothian

IL

60445

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number 3 4 2 1

\$ 100.00

When was the debt incurred? 10/11/2012

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify ticket

44

Western Suburban Auto

Nonpriority Creditor's Name

2250 N Mannheim Rd

Number Street

Melrose Park

IL

60164

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number 8 3 1 5

\$ 7,106.00

When was the debt incurred? 04/16/2015

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify credit use

45

William Hackel

Nonpriority Creditor's Name

991 Ellsworth Pl

Number Street

Gary

IN

46404

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number 8 3 1 5

\$ 0.00

When was the debt incurred? 05/31/2015

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify notice only

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim****46****Aarons Inc**

Nonpriority Creditor's Name

309 E Paces Ferry Rd NE

Number Street

Atlanta

GA

30305

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 8 4 6 4\$ 0.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify notice only**47****Aaron's Inc**

Nonpriority Creditor's Name

2935 W 159th St

Number Street

Markham

IL

60428

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 8 4 6 4\$ 1,267.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify credit use**48****Country Club Furniture**

Nonpriority Creditor's Name

4051 W 183rd St

Number Street

Country Club Hills

IL

60478

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 8 3 1 5\$ 1,035.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify credit use

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

49

**Progressive Leasing**

Nonpriority Creditor's Name

256 W Data Drive

Number Street

Draper

UT

84020

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 1 3 9 7\$ 1,035.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify credit use

Nonpriority Creditor's Name

Number Street

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No☐ Yes

Last 4 digits of account number \_\_\_\_\_

\$ \_\_\_\_\_

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify \_\_\_\_\_

Nonpriority Creditor's Name

Number Street

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No☐ Yes

Last 4 digits of account number \_\_\_\_\_

\$ \_\_\_\_\_

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify \_\_\_\_\_

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

ARM/ Western Suburban Auto

Name

910 West Van Buren St Ste 245

Number

Street

Chicago

IL

60607

City

State

ZIP Code

Account Receivable Management

Name

2950 W Chicago Ave Ste 310A

Number

Street

Chicago

IL

60622

City

State

ZIP Code

Arnold Scott Harris/ City of Chicago

Name

111 West Jackson Blvd Ste 600

Number

Street

Chicago

IL

60604

City

State

ZIP Code

Creditors Discount &amp; Audit/ Northwest Emerg

Name

P O Box 213

Number

Street

Streator

IL

61364

City

State

ZIP Code

Diversified Consultants Inc/ T-Mobile

Name

P O Box 551268

Number

Street

Jacksonville

FL

32255

City

State

ZIP Code

Enhanced Recovery Co/ Comcast

Name

P O Box 57547

Number

Street

Jacksonville

FL

32241

City

State

ZIP Code

Enhanced Recovery Co/ Comcast

Name

P O Box 57547

Number

Street

Jacksonville

FL

32241

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 44 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 9 0 0 5

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 44 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 0 3 0 2

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 7 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 6 2 2 0

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 33 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 7 5 5 5

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 41 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 6 9 5 5

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 9 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 3 6 7 5

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 10 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 2 0 3 7

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Escallate/ EMP of Cook County

Name

5200 Stoneham Rd

Number Street

North Canton

City

OH

State

44720

ZIP Code

Franklin Collection/ AT&amp;T

Name

P O Box 3910

Number Street

Tupelo

City

MS

State

38803

ZIP Code

Harris &amp; Harris/ Franciscan St James Health

Name

111 West Jackson Blvd Ste 600

Number Street

Chicago

City

IL

State

60604

ZIP Code

I C Systems Collections/ AT&amp;T U-Verse

Name

P O Box 64378

Number Street

Saint Paul

City

MN

State

55164

ZIP Code

Midland Funding MCM/ T-Mobile

Name

8875 Aero Dr Ste 200

Number Street

San Diego

City

CA

State

92123

ZIP Code

Penn Credit/ PA Turnpike E-Zpass

Name

P O Box 988

Number Street

Harrisburg

City

PA

State

17108

ZIP Code

Senex Services/ Gary Methodist Hospital

Name

3333 Founders Rd 2nd Floor

Number Street

Indianapolis

City

IN

State

46268

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 13 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number 0 5 5 9

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 1 9 2 9

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 20 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 1 5 2 2

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 9 0 0 1

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 41 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 1 4 1 1

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 34 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 6 1 1 1

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 21 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 9 9 N 1



Debtor 1

Simone Robertson

Document

Page 49 of 70

Case number (if known)

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Trustmark Recovery Service/ Nipsco

Name

541 Otis Bowen Dr

Number Street

Munster

IN

46321

City

State

ZIP Code

Trustmark Recovery Service/

Name

541 Otis Bowen Dr

Number Street

Munster

IN

46321

City

State

ZIP Code

Trustmark Recovery Service/ St Catherine's

Name

541 Otis Bowen Dr

Number Street

Munster

IN

46321

City

State

ZIP Code

United Recovery Service/ Methodist Physician

Name

18525 Torrence Ave C-6

Number Street

Lansing

IL

60438

City

State

ZIP Code

Name

Number Street

City

State

ZIP Code

Name

Number Street

City

State

ZIP Code

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 30 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 5 2 5 2

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 31 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 5 2 5 8

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 37 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 1 2 8 0

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 26 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 0 0 1 0

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number \_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number \_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number \_\_\_\_

**Part 4: Add the Amounts for Each Type of Unsecured Claim**


6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.  
Add the amounts for each type of unsecured claim.

|                             |  | Total claim      |
|-----------------------------|--|------------------|
| Total claims<br>from Part 1 | 6a. Domestic support obligations   | 6a. \$ 0.00      |
|                             | 6b. Taxes and certain other debts you owe the government                       | 6b. \$ 65,528.00 |
|                             | 6c. Claims for death or personal injury while you were intoxicated             | 6c. \$ 0.00      |
|                             | 6d. Other. Add all other priority unsecured claims.<br>Write that amount here. | 6d. + \$ 0.00    |
|                             | 6e. Total. Add lines 6a through 6d.  | 6e. \$ 65,528.00 |

|                             |   | Total claim        |
|-----------------------------|---|--------------------|
| Total claims<br>from Part 2 | 6f. Student loans   | 6f. \$ 0.00        |
|                             | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. \$ 0.00        |
|                             | 6h. Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. \$ 0.00        |
|                             | 6i. Other. Add all other nonpriority unsecured claims.<br>Write that amount here.                           | 6i. + \$ 29,229.00 |
|                             | 6j. Total. Add lines 6f through 6i.   | 6j. \$ 29,229.00   |

Fill in this information to identify your case:

|                                |                  |             |           |
|--------------------------------|------------------|-------------|-----------|
| Debtor                         | Simone Robertson |             |           |
|                                | First Name       | Middle Name | Last Name |
| Debtor 2<br>(Spouse If filing) | N/A              |             |           |
|                                | First Name       | Middle Name | Last Name |

United States Bankruptcy Court for the: Northern District of Illinois 

Case number  
(If known) \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

2.1 Aaron's Inc  
Name  
2935 W 159th Street  
Number Street  
Markham IL 60428  
City State ZIP Code  
rental agreement/ used desktop  
non-residential

2.2 Progressive  
Name  
256 W Data Dr  
Number Street  
Draper UT 84020  
City State ZIP Code  
rental agreement/ dinette  
non-residential

2.3  
Name  
Number Street  
City State ZIP Code

2.4  
Name  
Number Street  
City State ZIP Code

2.5  
Name  
Number Street  
City State ZIP Code

Fill in this information to identify your case:

Debtor 1 Simone Robertson  
First Name Middle Name Last Name

Debtor 2 N/A  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Illinois

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 106H

### Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

☒ No

☐ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☒ No. Go to line 3.

☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

☐ No

☐ Yes. In which community state or territory did you live? \_\_\_\_\_. Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent

Number Street

City State ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

#### Column 1: Your codebtor

#### Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

N/A

Name

Number Street

City State ZIP Code

☐ Schedule D, line \_\_\_\_\_

☐ Schedule E/F, line \_\_\_\_\_

☐ Schedule G, line \_\_\_\_\_

3.2

Name

Number Street

City State ZIP Code

☐ Schedule D, line \_\_\_\_\_

☐ Schedule E/F, line \_\_\_\_\_

☐ Schedule G, line \_\_\_\_\_

3.3

Name

Number Street

City State ZIP Code

☐ Schedule D, line \_\_\_\_\_

☐ Schedule E/F, line \_\_\_\_\_

☐ Schedule G, line \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1 Simone Robertson  
First Name Middle Name Last Name

Debtor 2 N/A  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Illinois ☒

Case number (If known) \_\_\_\_\_

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY \_\_\_\_\_

Official Form 106I

## Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Describe Employment

#### 1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

#### Employment status

- ☒ Employed  
☐ Not employed

- ☐ Employed  
☐ Not employed

#### Occupation

Personal Assistant

#### Employer's name

Comptroller State of IL

#### Employer's address

201 Statehouse  
Number Street

\_\_\_\_\_  
Number Street

Springfield IL 62704  
City State ZIP Code

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
City State ZIP Code

How long employed there? 4 mths

### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

|    | For Debtor 1       | For Debtor 2 or non-filing spouse |
|----|--------------------|-----------------------------------|
| 2. | \$ <u>1,376.96</u> | \$ _____                          |
| 3. | + \$ <u>0.00</u>   | + \$ _____                        |
| 4. | \$ <u>1,376.96</u> | \$ _____                          |

3. Estimate and list monthly overtime pay.

4. Calculate gross income. Add line 2 + line 3.

|   | For Debtor 1    | For Debtor 2 or<br>non-filing spouse                  |
|---|-----------------|---|
| Copy line 4 here..... → 4.  | \$ 1,376.96     | \$  |
| <b>5. List all payroll deductions:</b>  |                 |   |
| 5a. Tax, Medicare, and Social Security deductions   | 5a. \$ 239.40   | \$  |
| 5b. Mandatory contributions for retirement plans  | 5b. \$ 0.00     | \$  |
| 5c. Voluntary contributions for retirement plans  | 5c. \$ 0.00     | \$  |
| 5d. Required repayments of retirement fund loans  | 5d. \$ 0.00     | \$  |
| 5e. Insurance   | 5e. \$ 0.00     | \$  |
| 5f. Domestic support obligations  | 5f. \$ 0.00     | \$  |
| 5g. Union dues  | 5g. \$ 0.00     | \$  |
| 5h. Other deductions. Specify: _____  | 5h. + \$ 0.00   | + \$  |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.   | 6. \$ 239.40    | \$  |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4.  | 7. \$ 1,137.56  | \$  |
| <b>8. List all other income regularly received:</b>   |                 |   |
| 8a. Net income from rental property and from operating a business,<br>profession, or farm<br><br>Attach a statement for each property and business showing gross<br>receipts, ordinary and necessary business expenses, and the total<br>monthly net income.  | 8a. \$ 0.00     | \$  |
| 8b. Interest and dividends  | 8b. \$ 0.00     | \$  |
| 8c. Family support payments that you, a non-filing spouse, or a dependent<br>regularly receive<br><br>Include alimony, spousal support, child support, maintenance, divorce<br>settlement, and property settlement.   | 8c. \$ 0.00     | \$  |
| 8d. Unemployment compensation   | 8d. \$ 0.00     | \$  |
| 8e. Social Security   | 8e. \$ 829.00   | \$  |
| 8f. Other government assistance that you regularly receive<br><br>Include cash assistance and the value (if known) of any non-cash assistance<br>that you receive, such as food stamps (benefits under the Supplemental<br>Nutrition Assistance Program) or housing subsidies.<br>Specify: <u>SNAP</u>  | 8f. \$ 606.00   | \$  |
| 8g. Pension or retirement income  | 8g. \$ 0.00     | \$  |
| 8h. Other monthly income. Specify: _____  | 8h. + \$ 0.00   | + \$  |
| 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.   | 9. \$ 1,435.00  | \$  |
| 10. Calculate monthly income. Add line 7 + line 9.<br>Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10. \$ 2,572.56 | \$ 0.00 = \$ 2,572.56                                 |
| <b>11. State all other regular contributions to the expenses that you list in Schedule J.</b><br>Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other<br>friends or relatives.<br><br>Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.<br>Specify: _____ |                 |   |
|   |                 | 11. + \$ 0.00   |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.<br>Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies   |                 | 12. \$ 2,572.56<br><b>Combined<br/>monthly income</b> |
| 13. Do you expect an increase or decrease within the year after you file this form?   |                 |   |
| <input checked="" type="checkbox"/> No.<br><input type="checkbox"/> Yes. Explain: _____   |                 |   |

Fill in this information to identify your case:

Debtor 1 Simone Robertson  
First Name Middle Name Last Name  
Debtor 2 N/A  
(Spouse, if filing) First Name Middle Name Last Name  
United States Bankruptcy Court for the: Northern District of Illinois ☒  
Case number \_\_\_\_\_  
(If known)

Check if this is:

- ☐ An amended filing  
☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

**Schedule J: Your Expenses**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Your Household**

1. Is this a joint case?

- ☒ No. Go to line 2.  
☐ Yes. Does Debtor 2 live in a separate household?

- ☐ No  
☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

- ☐ No  
☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

son

7

- ☐ No  
☒ Yes

daughter

3

- ☐ No  
☒ Yes

- ☐ No  
☐ Yes

- ☐ No  
☐ Yes

- ☐ No  
☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No  
☐ Yes

**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. \$ 950.00

If not included in line 4:

- 4a. Real estate taxes  
4b. Property, homeowner's, or renter's insurance  
4c. Home maintenance, repair, and upkeep expenses  
4d. Homeowner's association or condominium dues

4a. \$ 0.00

4b. \$ 0.00

4c. \$ 0.00

4d. \$ 0.00

Debtor 1

Simone Robertson

First Name

Middle Name

Last Name

Case number (if known)

**Your expenses**

- |  |      |    |        |
|--|------|----|--------|
| 5. <b>Additional mortgage payments for your residence</b> , such as home equity loans  | 5.   | \$ | 0.00   |
| 6. <b>Utilities:</b>   |      |    |        |
| 6a. Electricity, heat, natural gas   | 6a.  | \$ | 140.00 |
| 6b. Water, sewer, garbage collection   | 6b.  | \$ | 0.00   |
| 6c. Telephone, cell phone, Internet, satellite, and cable services   | 6c.  | \$ | 160.00 |
| 6d. Other. Specify: _____  | 6d.  | \$ | 0.00   |
| 7. <b>Food and housekeeping supplies</b>   | 7.   | \$ | 642.00 |
| 8. <b>Childcare and children's education costs</b>   | 8.   | \$ | 0.00   |
| 9. <b>Clothing, laundry, and dry cleaning</b>  | 9.   | \$ | 75.00  |
| 10. <b>Personal care products and services</b>   | 10.  | \$ | 35.00  |
| 11. <b>Medical and dental expenses</b>   | 11.  | \$ | 15.00  |
| 12. <b>Transportation.</b> Include gas, maintenance, bus or train fare.<br>Do not include car payments.  | 12.  | \$ | 208.00 |
| 13. <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>  | 13.  | \$ | 0.00   |
| 14. <b>Charitable contributions and religious donations</b>  | 14.  | \$ | 0.00   |
| 15. <b>Insurance.</b><br>Do not include insurance deducted from your pay or included in lines 4 or 20.   |      |    |        |
| 15a. Life insurance  | 15a. | \$ | 0.00   |
| 15b. Health insurance  | 15b. | \$ | 0.00   |
| 15c. Vehicle insurance   | 15c. | \$ | 130.00 |
| 15d. Other insurance. Specify: _____   | 15d. | \$ | 0.00   |
| 16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.<br>Specify: _____  | 16.  | \$ | 0.00   |
| 17. <b>Installment or lease payments:</b>  |      |    |        |
| 17a. Car payments for Vehicle 1  | 17a. | \$ | 400.00 |
| 17b. Car payments for Vehicle 2  | 17b. | \$ | 0.00   |
| 17c. Other. Specify: _____   | 17c. | \$ | 0.00   |
| 17d. Other. Specify: _____   | 17d. | \$ | 0.00   |
| 18. <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b> | 18.  | \$ | 0.00   |
| 19. <b>Other payments you make to support others who do not live with you.</b><br>Specify: _____   | 19.  | \$ | 0.00   |
| 20. <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>   |      |    |        |
| 20a. Mortgages on other property   | 20a. | \$ | 0.00   |
| 20b. Real estate taxes   | 20b. | \$ | 0.00   |
| 20c. Property, homeowner's, or renter's insurance  | 20c. | \$ | 0.00   |
| 20d. Maintenance, repair, and upkeep expenses  | 20d. | \$ | 0.00   |
| 20e. Homeowner's association or condominium dues   | 20e. | \$ | 0.00   |



Debtor 1 **Simone Robertson**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

21. **Other.** Specify: \_\_\_\_\_

21. +\$ 0.00

**22. Calculate your monthly expenses.**

22a. Add lines 4 through 21.

22a. \$ 2,755.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$ 0.00

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$ 2,755.00

**23. Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ 2,572.56

23b. Copy your monthly expenses from line 22c above.

23b. -\$ 2,755.00

23c. Subtract your monthly expenses from your monthly income.  
The result is your *monthly net income*.

23c. \$ -182.44

**24. Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes. Explain here:

Fill in this information to identify your case:

Debtor 1 Simone Robertson  
First Name Middle Name Last Name  
Debtor 2 N/A  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Illinois

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 106Dec

## Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.


x Simone Robertson  
Signature of Debtor 1

x N/A  
Signature of Debtor 2

Date 02 03 2016  
MM / DD / YYYY

Date \_\_\_\_\_  
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1 Simone Robertson  
First Name Middle Name Last Name  
Debtor 2 N/A  
(Spouse, if filing) First Name Middle Name Last Name  
United States Bankruptcy Court for the: Northern District of Illinois   
Case number \_\_\_\_\_  
(If known)

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☐ Married  
☒ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☐ No  
☒ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

| Debtor 1:                                 | Dates Debtor 1 lived there       | Debtor 2:                                 | Dates Debtor 2 lived there |
|---|----------------------------------|---|----------------------------|
| <input type="checkbox"/> Same as Debtor 1 |                                  | <input type="checkbox"/> Same as Debtor 1 |                            |
| 991 Ellsworth Pl<br>Number Street         | From 10/01/2010<br>To 06/01/2015 | Number Street                             | From _____<br>To _____     |
| Gary IN 46404<br>City State ZIP Code      |                                  | City State ZIP Code                       |                            |
| <input type="checkbox"/> Same as Debtor 1 |                                  | <input type="checkbox"/> Same as Debtor 1 |                            |
| Number Street                             | From _____<br>To _____           | Number Street                             | From _____<br>To _____     |
| City State ZIP Code                       |                                  | City State ZIP Code                       |                            |

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No  
☐ Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Part 2: Explain the Sources of Your Income

Debtor 1 **Simone Robertson**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.  
 If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No  
☒ Yes. Fill in the details.

| Debtor 1   |  | Debtor 2  |  |
|--|--|---|--|
| Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and exclusions)   | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and exclusions) |
| <b>From January 1 of current year until the date you filed for bankruptcy:</b><br><input checked="" type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business | \$ <u>1,318.07</u>   | <input type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business | \$ _____   |
| <b>For last calendar year:</b><br>(January 1 to December 31, <u>2015</u> )<br><small>YYYY</small>  | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips<br><input checked="" type="checkbox"/> Operating a business<br>\$ <u>14,342.00</u> | <input type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business | \$ _____   |
| <b>For the calendar year before that:</b><br>(January 1 to December 31, <u>2014</u> )<br><small>YYYY</small>   | <input type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business<br>\$ _____                                  | <input type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business | \$ _____   |

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☐ No  
☒ Yes. Fill in the details.

| Debtor 1   |   | Debtor 2                             |   |
|--|---|--------------------------------------|---|
| Sources of income<br>Describe below.   | Gross income from each source<br>(before deductions and exclusions) | Sources of income<br>Describe below. | Gross income from each source<br>(before deductions and exclusions) |
| <b>From January 1 of current year until the date you filed for bankruptcy:</b><br>snap<br>SSI                | \$ <u>606.00</u><br>\$ <u>829.00</u><br>\$ _____                    | _____<br>_____<br>_____              | \$ _____<br>\$ _____<br>\$ _____                                    |
| <b>For last calendar year:</b><br>(January 1 to December 31, <u>2015</u> )<br><small>YYYY</small>            | snap<br>SSI   | _____<br>_____                       | \$ _____<br>\$ _____  |
| <b>For the calendar year before that:</b><br>(January 1 to December 31, <u>2014</u> )<br><small>YYYY</small> | snap<br>SSI   | _____<br>_____                       | \$ _____<br>\$ _____  |

Debtor 1

Simone Robertson

First Name Middle Name Last Name

Case number (if known)

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**

**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225\* or more?

☐ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$6,225\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☐ No. Go to line 7.

☒ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

| Creditor's Name                              | Dates of payment | Total amount paid | Amount you still owe | Was this payment for...  |
|--|------------------|-------------------|----------------------|--|
| Santander Consumer USA<br>Creditor's Name    | 12/12/2015       | \$ 200.00         | \$ 11,998.00         | <input type="checkbox"/> Mortgage<br><input checked="" type="checkbox"/> Car<br><input type="checkbox"/> Credit card<br><input type="checkbox"/> Loan repayment<br><input type="checkbox"/> Suppliers or vendors<br><input type="checkbox"/> Other |
| 8585 N Stemmons Fwy Ste 10C<br>Number Street |                  |                   |                      |  |
| Dallas TX 75247<br>City State ZIP Code       |                  |                   |                      |  |
| Creditor's Name                              |                  | \$                | \$                   | <input type="checkbox"/> Mortgage<br><input type="checkbox"/> Car<br><input type="checkbox"/> Credit card<br><input type="checkbox"/> Loan repayment<br><input type="checkbox"/> Suppliers or vendors<br><input type="checkbox"/> Other            |
| Number Street                                |                  |                   |                      |  |
| City State ZIP Code                          |                  |                   |                      |  |
| Creditor's Name                              |                  | \$                | \$                   | <input type="checkbox"/> Mortgage<br><input type="checkbox"/> Car<br><input type="checkbox"/> Credit card<br><input type="checkbox"/> Loan repayment<br><input type="checkbox"/> Suppliers or vendors<br><input type="checkbox"/> Other            |
| Number Street                                |                  |                   |                      |  |
| City State ZIP Code                          |                  |                   |                      |  |

Debtor 1

Simone Robertson

First Name Middle Name Last Name

Case number (if known)

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

*Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☒ No

☐ Yes. List all payments to an insider.

|                     | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
|---------------------|------------------|-------------------|----------------------|-------------------------|
| Insider's Name      |                  | \$                | \$                   |                         |
| Number Street       |                  |                   |                      |                         |
| City State ZIP Code |                  |                   |                      |                         |
| Insider's Name      |                  | \$                | \$                   |                         |
| Number Street       |                  |                   |                      |                         |
| City State ZIP Code |                  |                   |                      |                         |

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

☒ No

☐ Yes. List all payments that benefited an insider.

|                     | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment<br>Include creditor's name |
|---------------------|------------------|-------------------|----------------------|--|
| Insider's Name      |                  | \$                | \$                   |  |
| Number Street       |                  |                   |                      |  |
| City State ZIP Code |                  |                   |                      |  |
| Insider's Name      |                  | \$                | \$                   |  |
| Number Street       |                  |                   |                      |  |
| City State ZIP Code |                  |                   |                      |  |

Debtor 1

Simone Robertson

First Name Middle Name Last Name

Case number (if known)

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☒ No  
☐ Yes. Fill in the details.

| Nature of the case        | Court or agency  | Status of the case   |
|---------------------------|--|--|
| Case title _____<br>_____ | Court Name _____<br>Number Street _____<br>City State ZIP Code _____ | <input type="checkbox"/> Pending<br><input type="checkbox"/> On appeal<br><input type="checkbox"/> Concluded |
| Case number _____         |  |  |
| Case title _____<br>_____ | Court Name _____<br>Number Street _____<br>City State ZIP Code _____ | <input type="checkbox"/> Pending<br><input type="checkbox"/> On appeal<br><input type="checkbox"/> Concluded |
| Case number _____         |  |  |

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?  
 Check all that apply and fill in the details below.

- ☒ No. Go to line 11.  
☐ Yes. Fill in the information below.

| Describe the property   | Date  | Value of the property |
|---|-------|-----------------------|
| Creditor's Name _____<br>Number Street _____<br>City State ZIP Code _____   | _____ | \$ _____              |
| <b>Explain what happened</b><br><input type="checkbox"/> Property was repossessed.<br><input type="checkbox"/> Property was foreclosed.<br><input type="checkbox"/> Property was garnished.<br><input type="checkbox"/> Property was attached, seized, or levied. |       |                       |
| Creditor's Name _____<br>Number Street _____<br>City State ZIP Code _____   | _____ | \$ _____              |
| <b>Explain what happened</b><br><input type="checkbox"/> Property was repossessed.<br><input type="checkbox"/> Property was foreclosed.<br><input type="checkbox"/> Property was garnished.<br><input type="checkbox"/> Property was attached, seized, or levied. |       |                       |

Debtor 1

Simone Robertson

First Name

Middle Name

Last Name

Case number (if known)

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

☒ No

☐ Yes. Fill in the details.

| Creditor's Name     | Describe the action the creditor took  | Date action was taken | Amount |
|---------------------|--|-----------------------|--------|
| Number Street       |  |                       | \$     |
| City State ZIP Code | Last 4 digits of account number: XXXX- |                       |        |

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

☒ No

☐ Yes

**Part 5: List Certain Gifts and Contributions**

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

☒ No

☐ Yes. Fill in the details for each gift.

| Gifts with a total value of more than \$600 per person | Describe the gifts           | Dates you gave the gifts | Value |
|--|------------------------------|--------------------------|-------|
| Person to Whom You Gave the Gift                       |                              |                          | \$    |
| Number Street  |                              |                          | \$    |
| City State ZIP Code                                    | Person's relationship to you |                          |       |
| Person to Whom You Gave the Gift                       |                              |                          | \$    |
| Number Street  |                              |                          | \$    |
| City State ZIP Code                                    | Person's relationship to you |                          |       |



Debtor 1

Simone Robertson

First Name

Middle Name

Last Name

Case number (if known)

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

☒ No

☐ Yes. Fill in the details for each gift or contribution.

| Gifts or contributions to charities that total more than \$600 | Describe what you contributed | Date you contributed | Value |
|--|-------------------------------|----------------------|-------|
| Charity's Name   |                               |                      | \$    |
|  |                               |                      | \$    |
| Number Street  |                               |                      |       |
| City State ZIP Code  |                               |                      |       |

**Part 6: List Certain Losses**

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

☒ No

☐ Yes. Fill in the details.

| Describe the property you lost and how the loss occurred | Describe any insurance coverage for the loss<br>Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost |
|--|---|-------------------|------------------------|
|  |   |                   | \$                     |

**Part 7: List Certain Payments or Transfers**

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☒ No

☐ Yes. Fill in the details.

| Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|---|-----------------------------------|-------------------|
| Person Who Was Paid                               |                                   | \$                |
| Number Street                                     |                                   | \$                |
| City State ZIP Code                               |                                   |                   |
| Email or website address                          |                                   |                   |
| Person Who Made the Payment, if Not You           |                                   |                   |

Debtor 1

Simone Robertson

First Name Middle Name Last Name

Case number (if known)

| Description and value of any property transferred  | Date payment or transfer was made | Amount of payment |
|--|-----------------------------------|-------------------|
| Person Who Was Paid<br><br>Number Street<br><br><br>City State ZIP Code<br><br>Email or website address<br><br>Person Who Made the Payment, if Not You |                                   | \$                |
|  |                                   | \$                |

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  
Do not include any payment or transfer that you listed on line 16.

- ☒ No  
☐ Yes. Fill in the details.

| Description and value of any property transferred                       | Date payment or transfer was made | Amount of payment |
|---|-----------------------------------|-------------------|
| Person Who Was Paid<br><br>Number Street<br><br><br>City State ZIP Code |                                   | \$                |
|   |                                   | \$                |

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  
Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).  
Do not include gifts and transfers that you have already listed on this statement.

- ☒ No  
☐ Yes. Fill in the details.

| Description and value of property transferred  | Describe any property or payments received or debts paid in exchange | Date transfer was made |
|--|--|------------------------|
| Person Who Received Transfer<br><br>Number Street<br><br><br>City State ZIP Code<br><br>Person's relationship to you |  |                        |
| Person Who Received Transfer<br><br>Number Street<br><br><br>City State ZIP Code<br><br>Person's relationship to you |  |                        |

Debtor 1

Simone Robertson

First Name

Middle Name

Last Name

Case number (if known)

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

☒ No

☐ Yes. Fill in the details.

Description and value of the property transferred

Date transfer was made

Name of trust

**Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

☒ No

☐ Yes. Fill in the details.

Last 4 digits of account number

Type of account or instrument

Date account was closed, sold, moved, or transferred

Last balance before closing or transfer

Name of Financial Institution

XXXX- \_\_\_\_\_

☐ Checking

\_\_\_\_\_

\$ \_\_\_\_\_

Number Street

☐ Savings

☐ Money market

☐ Brokerage

☐ Other \_\_\_\_\_

City State ZIP Code

Name of Financial Institution

XXXX- \_\_\_\_\_

☐ Checking

\_\_\_\_\_

\$ \_\_\_\_\_

Number Street

☐ Savings

☐ Money market

☐ Brokerage

☐ Other \_\_\_\_\_

City State ZIP Code

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

☒ No

☐ Yes. Fill in the details.

Who else had access to it?

Describe the contents

Do you still have it?

Name of Financial Institution

Name

☐ No

☐ Yes

Number Street

Number Street

City State ZIP Code

City State ZIP Code

Debtor 1

Simone Robertson

First Name

Middle Name

Last Name

Case number (if known)

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

☒ No

☐ Yes. Fill in the details.

Who else has or had access to it?

Describe the contents

Do you still have it?

Name of Storage Facility

Name

Number Street

Number Street

City

State

ZIP Code

City State ZIP Code

☐ No  
☐ Yes

**Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

☒ No

☐ Yes. Fill in the details.

Where is the property?

Describe the property

Value

Owner's Name

Number Street

City

State

ZIP Code

Number Street

City

State

ZIP Code

\$

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

☒ No

☐ Yes. Fill in the details.

Governmental unit

Environmental law, if you know it

Date of notice

Name of site

Governmental unit

Number Street

Number Street

City

State

ZIP Code

City

State

ZIP Code

Debtor 1

Simone Robertson

First Name

Middle Name

Last Name

Case number (if known)

25. Have you notified any governmental unit of any release of hazardous material?

☒ No

☐ Yes. Fill in the details.

| Governmental unit |                     | Environmental law, if you know it | Date of notice |
|-------------------|---------------------|-----------------------------------|----------------|
| Name of site      | Governmental unit   |                                   |                |
| Number Street     | Number Street       |                                   |                |
|                   | City State ZIP Code |                                   |                |
| City              | State ZIP Code      |                                   |                |

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

☒ No

☐ Yes. Fill in the details.

| Court or agency | Nature of the case  | Status of the case                 |
|-----------------|---------------------|------------------------------------|
| Case title      |                     |                                    |
| Court Name      |                     | <input type="checkbox"/> Pending   |
| Number Street   |                     | <input type="checkbox"/> On appeal |
| Case number     | City State ZIP Code | <input type="checkbox"/> Concluded |

**Part 11: Give Details About Your Business or Connections to Any Business**

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation

☒ No. None of the above applies. Go to Part 12.

☐ Yes. Check all that apply above and fill in the details below for each business.

| Business Name       | Describe the nature of the business | Employer Identification number<br>Do not include Social Security number or ITIN. |
|---------------------|-------------------------------------|--|
| Number Street       |                                     | EIN: _____   |
|                     | Name of accountant or bookkeeper    | Dates business existed   |
| City State ZIP Code |                                     | From _____ To _____  |
| Business Name       | Describe the nature of the business | Employer Identification number<br>Do not include Social Security number or ITIN. |
| Number Street       |                                     | EIN: _____   |
|                     | Name of accountant or bookkeeper    | Dates business existed   |
| City State ZIP Code |                                     | From _____ To _____  |

Debtor 1

Simone Robertson

First Name

Middle Name

Last Name

Case number (if known)

Business Name

Number Street

City

State

ZIP Code

Describe the nature of the business

Name of accountant or bookkeeper

Employer Identification number

Do not include Social Security number or ITIN.

EIN: \_\_\_\_\_

Dates business existed

From \_\_\_\_\_

To \_\_\_\_\_

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☒ No

☐ Yes. Fill in the details below.

Date issued

Name

MM / DD / YYYY

Number Street

City

State

ZIP Code

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

☒ Simone Robertson

Signature of Debtor 1

☒ N/A

Signature of Debtor 2

Date 02/03/2016

Date \_\_\_\_\_

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).